County: Douglas SOUTHDALE HEALTH CARE SERVICES 3712 TOWER AVENUE

SUPERIOR 54880 Phone: (715) 392-6	272	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operati	on: 366	Highest Level License:	Intermediate
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	56	Title 18 (Medicare) Certified?	No

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	16. 7 42. 9
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0.0 47.6	Under 65 65 - 74	4. 8 4. 8	More Than 4 Years	40. 5
Respite Care	No	Mental Illness (Other)	19. 0	75 - 84	23.8		100.0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	2. 4 0. 0	85 - 94 95 & Over	54. 8 11. 9	Full-Time Equivalen	t
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	si dents
Other Meals	No No	Cardi ovascul ar	19. 0 7. 1	65 & 0ver	95. 2		4 0
Transportation Referral Service	No	Cerebrovascul ar Di abetes	0.0	Sex	%	RNS LPNs	4. 8 12. 4
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	4. 8 0. 0	 Male	11. 9	Nursing Assistants Aides & Orderlies	39. 8
Mentally III Provide Day Programming for	Yes		100. 0	Femal e	88. 1		
Developmentally Disabled	No		100.0		100. 0		***

Method of Reimbursement

		Medica (Title	18)	(Medic (Title	19)		0th			ri vate			Manageo			Percent
			Per Die	m		Per Di ei	m		Per Die	m		Per Dien	1	Ī	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ő	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00 \$0.00	ŏ	0.0	\$0. 00 \$0. 00	ő	0. 0	\$0. 00 \$0. 00	ŏ	0. 0%
Intermediate				29	93. 5	\$61. 25	Ŏ	0. 0	\$0.00	3		\$103.00	Ŏ	0. 0	\$0.00	32	76. 2%
Limited Care				2	6. 5	\$51.80	0	0.0	\$0.00	8	72. 7	\$99.00	0	0. 0	\$0.00	10	23. 8%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		31 1	100.0		0	0.0		11	100.0		0	0.0		42	100.0%

County: Douglas SOUTHDALE HEALTH CARE SERVICES ************************************	*****	*******	******	Facilit	y ID: 8250	******	Page 2
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of	f 12/31/00
Deaths During Reporting Period		[
					Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	15. 8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	15.8	Bathi ng	7. 1		52. 4	40. 5	42
Other Nursing Homes	0.0	Dressi ng	19. 0		40. 5	40. 5	42
Acute Care Hospitals	47.4	Transferring	57. 1		28. 6	14. 3	42
Psych. HospMR/DD Facilities	15.8	Toilet Use	42. 9		33. 3	23. 8	42
Rehabilitation Hospitals	0.0	Eating	66. 7		21. 4	11. 9	42
Other Locations	5.3	**************************************	******	******	********	*******	******
Total Number of Admissions	19	Conti nence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa	l Catheter	0. 0	Recei vi ng	Respiratory Care	11. 9
Private Home/No Home Health	13. 3	Occ/Freq. Incontinent	of Bladder	54. 8	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	10. 0	Occ/Freq. Incontinent	of Bowel	57. 1	Recei vi ng	Sucti oni ng Č	0. 0 2. 4
Other Nursing Homes	20. 0	_			Recei vi ng	Ostomy Care	2. 4
Acute Care Hospitals	20. 0	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained		9. 5	Recei vi ng	Mechanically Altered I	Diets 7.1
Rehabilitation Hospitals	0. 0					·	
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	36. 7	With Pressure Sores		0. 0		ce Directives	33. 3
Total Number of Discharges		With Rashes		7. 1	Medi cati ons		
(Including Deaths)	30				Recei vi ng	Psychoactive Drugs	61. 9
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		Ownershi p:		Bed Size:		Li ce	Li censure:		
	Thi s	This Proprietary		50-	50-99		Intermediate		
	Facility	Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	66. 7	82. 5	0.81	87. 3	0. 76	66. 7	1.00	84. 5	0. 79
Current Residents from In-County	100	83. 3	1. 20	80. 3	1. 24	100. 0	1.00	77. 5	1. 29
Admissions from In-County, Still Residing	36. 8	19. 9	1.85	21. 1	1. 75	36. 8	1.00	21. 5	1.71
Admissions/Average Daily Census	43. 2	170. 1	0. 25	141.8	0. 30	43. 2	1. 00	124. 3	0. 35
Discharges/Average Daily Census	68. 2	170. 7	0.40	143. 0	0.48	68. 2	1.00	126. 1	0. 54
Discharges To Private Residence/Average Daily Census	15. 9	70.8	0. 22	59. 4	0. 27	15. 9	1.00	49. 9	0. 32
Residents Receiving Skilled Care	0. 0	91. 2	0.00	88. 3	0.00	0. 0	0.00	83. 3	0.00
Residents Aged 65 and Older	95. 2	93. 7	1. 02	95. 8	0. 99	95. 2	1.00	87. 7	1.09
Title 19 (Medicaid) Funded Residents	73. 8	62. 6	1. 18	57. 8	1. 28	73. 8	1.00	69. 0	1.07
Private Pay Funded Residents	26. 2	24. 4	1. 07	33. 2	0. 79	26. 2	1.00	22. 6	1. 16
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0. 0	0.00	7. 6	0.00
Mentally Ill Residents	66. 7	30. 6	2. 18	32. 6	2.04	66. 7	1.00	33. 3	2.00
General Medical Service Residents	0. 0	19. 9	0.00	19. 2	0.00	0. 0	0.00	18. 4	0.00
Impaired ADL (Mean)	44. 3	48. 6	0. 91	48. 3	0. 92	44. 3	1.00	49. 4	0. 90
Psychological Problems	61. 9	47. 2	1. 31	47. 4	1. 31	61. 9	1.00	50. 1	1. 24
Nursing Care Required (Mean)	3. 6	6. 2	0. 58	6. 1	0. 59	3. 6	1. 00	7. 2	0.50